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CHANDIGARH ADMINISTRATION
DEPARTMENT OF MEDICAL EDUCATION & RESEARCH

Notification

The 20th July, 2026

No. 593146/610688/F-II(7)/2026/6728.—In exercise of the powers conferred by sub-section (2) of section 121 of the Mental Health Care Act, 2017 (Central Act 10 of 2017), read with Notification bearing No. S.O. 1557 (E) dated 01.04.2025, the Administrator, UT Chandigarh Administration, with the previous approval of the Central Government, hereby makes the following rules, namely: -**Chandigarh Mental Healthcare (Rights of Persons with Mental Illness) Rules, 2026.**

CHAPTER – I

PRELIMINARY

1. Short title, extent and commencement. - (1) These rules may be called the Chandigarh Mental Healthcare (Rights of Persons with Mental Illness) Rules, 2026.
(2) They shall come into force on the date of their publication in the Official Gazette.

2. Definitions. - (1) In these rules, unless the context otherwise requires,-

(a) "Act" means the Mental Healthcare Act, 2017 (Central Act 10 of 2017);

(b) "Form" means a Form appended to these rules;

(c) "half way homes" means a transitional living facility for persons with mental illness who are discharged as inpatient from a mental health establishment, but are not fully ready to live independently on their own or with the family;

(d) "hospital and community-based rehabilitation establishment" means an establishment providing hospital and community-based rehabilitation services;

(e) "hospital and community-based rehabilitation service" means rehabilitation services provided to a person with mental illness using existing community resources with an aim to promote his reintegration in the community and to make such person independent in all aspects of life including financial, social, relationship building and maintaining;

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(f) "schedule" means the Schedule annexed to these rules;

(g) "section" means section of the Act;

(h) "sheltered accommodation" means a safe and secure accommodation option for persons with mental illness, who want to live and manage their affairs independently, but need occasional help and support;

(i) "State Government" means the Administrator, Union Territory of Chandigarh as appointed under Article 239 of the Constitution of India for the provisions contained in Section 121 of the Act and the provisions contained therein;

(j) "supported accommodation" means a living arrangement whereby a person, in need of support, who has a rented or ownership accommodation, but has no live-in caregiver, gets domiciliary care and a range of support services from a caregiver of an agency to help him live independently and safely in the privacy of his home.

(2) The words and expressions used herein and not defined, but defined in the Act or, as the case may be, in the Indian Medical Council Act, 1956 (102 of 1956) or in the Indian Medicine Central Council Act, 1970 (48 of 1970), in so far as they are not inconsistent with the provisions of the Act, shall have the meanings as assigned to them in the Actor, as the case may be, in those enactments.

CHAPTER-II

RIGHTS OF PERSONS WITH MENTAL ILLNESS

3. Provision of half-way homes, sheltered accommodation and supported accommodation. – (1) The State Government shall establish such number of half-way homes, sheltered accommodations and supported accommodations, at such places, as it deems fit, for providing services required by persons with mental illness, having regard to the following, namely: —

(a) The expected or actual workload of the facility to be established;
(b) The number of mental health establishments existing in UT Chandigarh;
(c) The number of persons with mental illness in UT Chandigarh;
(d) The geographical and climatic conditions of the place where such facility is to be established.

(2) The half-way homes, sheltered accommodations and supported accommodations established by the State Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person shall follow the minimum standards specified by the Authority under sub-section (9) of section 18 or sub-section (6) of section 65, as the case may be.

4. Hospital and community-based rehabilitation establishment and services.– (1) The State Government shall establish such number of hospital and community based

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rehabilitation establishments, as it deems fit, for providing rehabilitation services required by persons with mental illness, having regard to the following, namely: —

(a) The expected or actual workload of the facility to be established;
(b) The number of mental health establishments existing in UT Chandigarh;
(c) The number of persons with mental illness in UT Chandigarh;
(d) The geographical and climatic conditions of the place where such facility is to be established.

(2) The hospital and community based rehabilitation establishments established by the Chandigarh Administration, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person shall follow the minimum standards specified by the Authority under sub-section (9) of section 18 or sub-section (6) of section 65, as the case may be.

5. Reimbursement of the intermediary costs of treatment at mental health establishment.– (1) Till such time as the services under sub-section (5) of section 18 are made available in a health establishment established or funded by the State Government, in the district where a person with mental illness resides, such person may apply to the Chief Medical Officer/ Director Health Services, Chandigarh Administration for reimbursement of costs of treatment at such mental health establishment.

(2) The Chief Medical Officer/Director Health Services, Chandigarh Administration, on receipt of the application for reimbursement of the costs of treatment from the person referred to in sub-rule (1), shall examine the application and issue an order to reimburse such costs by the officer in-charge of the Directorate of Health Services of the Chandigarh Administration:

Provided that the cost of reimbursement shall be limited to the rates specified by the Central Government from time to time.

6. Right to access basic medical records. – (1) A person with mental illness shall be entitled to receive documented medical information pertaining to his diagnosis, investigation, assessment and treatment as per the medical records.

(2) A person with mental illness may apply for a copy of his basic inpatient medical record by making a request in writing in Form-A, addressed to the medical officer or mental health professional in charge of the concerned mental health establishment.

(3) Within fifteen days from the date of receipt of the request under sub-rule (2), basic inpatient medical records shall be provided to the applicant in Form-B.

(4) If a mental health professional or mental health establishment, as the case may be, is unable to decide, whether to disclose information or provide basic inpatient medical records or any other records to the applicant for ethical, legal or other sensitive issues, he or it may make an application to the Mental Health Review Board stating the issues involved and his or its views in the matter with a request for directions in the form of a written order.

(5) The Board shall, after hearing the concerned person with mental illness, by an order, give such directions, as it deems fit, to the mental health professional or mental health establishment, as the case may be.

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7. Custodial institutions. –The person in charge of custodial institution, including prison, police station, beggars homes, orphanages, women's protection homes, old age homes and any other institution run by Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person, where any individual resident is in the custody of such person, and such individual resident is not permitted to leave without the consent of such person, shall display signage board in a prominent place in English, Hindi and Punjabi, for the information of such individual or any person with mental illness residing in such institution or his nominated representative informing that such person is entitled to free legal services under the Legal Services Authorities Act, 1987 or other relevant laws or under any order of the court if so ordered and shall also provide the contact details of the availability of services.

CHAPTER–III

FORMS FOR ADMISSION, DISCHARGE AND LEAVE OF ABSENCE

8. Forms for admission and discharge. – A request for admission to, or discharge from, a mental health establishment shall be made by the person specified in column (2) of the Table below, for the purpose specified in the corresponding entry in column (3), in the Form specified in the corresponding entry in column (4), namely: -

Table

S. No.	Request to be made by	Purpose of Request	Form
(1)	(2)	(3)	(4)
i.	any person who is not a minor and who considers himself to have a mental illness	admission as an independent patient	Form - C
ii.	nominated representative of the minor	admission of the minor	Form - D
iii.	nominated representative of a person	admission of a person with mental illness, with high support needs under section 89 of the Act	Form -E
iv.	nominated representative of a person	continuation of the admission of a person with mental illness, with high support needs under section 90 of the Act	Form -F
v.	person admitted as an independent patient or a minor admitted under section 87 of the Act who attained the age of 18 years during his stay in the mental health establishment	discharge from a mental health establishment	Form -G
vi.	nominated representative of the minor	discharge of the minor	Form -H

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9. Forms for leave of absence and request to the police officer. – A request for leave of absence from a mental health establishment and for taking into protection of a prisoner with mental illness found to be absent from a mental health establishment without leave or discharge by a Police Officer shall be made by the person specified in column (2) of the Table below and for the purpose specified in corresponding entry in column (3), in the Form specified in the corresponding entry in column (4), namely:-:

Table

S. No.	Request to be made by	Purpose of Request	Form
(1)	(2)	(3)	(4)
(i)	nominated representative of the person with mental illness admitted in a mental health establishment	grant of leave to such person	Form-I
(ii)	medical officer or mental health professional in-charge of such mental health establishment	request for taking into protection by a Police Officer of a prisoner with mental illness found to be absent from a mental health establishment without leave or discharge	Form-J

CHAPTER – IV

PRISONERS WITH MENTAL ILLNESS

10. Method, modalities and procedure for transfer of prisoners with mental illness. – Transfer of a prisoner with mental illness to the psychiatric ward of the medical wing of the prison or to a mental health establishment set up under sub-section (6) of section 103 or to any other mental health establishments within or outside the Union Territory shall be in accordance with the instructions issued by the Chandigarh Administration, as the case may be.

11. Standards and procedures of mental health services in prison. – The mental health establishment referred to in sub-section (7) of section 103 shall conform to the minimum standards and procedures as specified in Schedule.

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Form - A

APPLICATION FOR BASIC MEDICAL RECORDS

[*See* rule 6 (2)]

To,

The Medical Officer in-charge

_____
_____

Sir/Madam,

Subject:- Request for copy of my basic medical records/basic medical records of..(If Application is by nominated representative) Hospital Number (if known)_____

I Mr./Mrs._____Residing at_____aged_ , son/daughter of Mr./Mrs._____Was treated at your mental health establishment from_____to _____.

Kindly provide me a copy of the medical records of my treatment.

Address Signature

Date Name

N.B.:- Please strike off those which are not required.

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Form-B

[*See* rule 6(3)]

Basic Medical Records:

The mental health establishment shall maintain specific minimum records at their level for various types of patients they are dealing with. The requirement of records to be maintained for in-patients, out patients and community out reach may vary and is accordingly specified below. A graded approach in minimum records to be maintained may be followed:

Community out reach register shall consist of information from (a) to (h) of the basic medical record of out patient specified in paragraph 1 below.

The mental health establishments shall maintain and provide on demand the following basic medical record to the person with mental illness or his nominated representative.

1. Basic Medical Record of all out-patients (at hospitals, nursing homes, private clinics, camps, mobile clinics, primary health care centers and other community out reach programmes, and the like matters):

(In hard copy format)

a) Name of the mental health establishment/doctor_____

b) Date _____

c) Hospital registration number_____

d) Advance Directive YES/NO

e) Patient's Name_____

f) Age_____Sex_____

g) Father's/Mother's name_____Address

_Mobile No._____

h) Chief complaints_____

i) Provisional diagnosis_____

j) Treatment advised and follow-up recommendations_____

2. Basic Medical Record of In-Patient

a) Name of the hospital/nursing home_____

b) Date_____

c) Patient's name_____

d) Father's/Mother's name_____

e) Age_____Sex_____

f) Address_____

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g) Patient accompanied by (Name, age and nature of relationship)_____

h) Hospital registration number_____

i) Identification marks_____

j) Nominated representative_____

k) Advanced Directive-Yes or No; If yes salient features of the content

l) Date of admission_____Date of discharge_____

m) Mode of admission (section under Mental Healthcare Act,2017): Independent/Supported

n) Chief complaints

o) Summary of Medical Examination Laboratory investigations

p) Provisional/differential/final diagnosis

q) Course in the hospital (Treatment and Progress)

r) Condition at discharge or discharge at request or leave against medical advice or person with mental illness absconding or others

s) Treatment advice at discharge

t) Follow-up recommendations

3. Basic Psychological Assessment Report (facilities where persons with mental illness undergoes psychological assessment):

Clinic Record No......

Name: **Age:** **Gender:**

Education: **Occupation:** **Date of testing:**

Referred by: **Language tested in:**

IQ assessment	☐	Specific learning disability assessment	☐	Neuropsychological assessment (Specify domain if the assessment is domain specific)	☐
Personality assessment	☐	Psychopathology assessment	☐		

Any other (Mention the specific domain such as interpersonal relationship)

Comments if any *(may give brief detail of the referral purpose; e.g., 'the individual has mental illness and he has been referred for current psychopathology assessment as well as to ascertain the level of disability')*

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Brief back ground information *(e.g., the nature of the problem, when it started, any previous assessments and like details):*

Informant: Self ☐

Others ☐ Specify

Salient behavioral observations *(Comment on alertness, attention, cooperativeness, affect, comprehension and any other relevant information)*

Tests/Scales administered *(Standardized tests/scales)***:**

Salient scores *(if applicable such as Intelligence Quotient, scores obtained on cognitive function tests, severity rating on psychopathology scales, disability percentage and like details)*

Impression:

Recommendations:

Further assessment ☐ Specify
Therapy ☐ Specify
Any other ☐ Specify

Assessed by	**Verified/supervised by (if applicable)**
Name:	Name:
Date:	Date:
Qualification:	Qualification:
Signature:	Signature:

1. **Basic Minimum Standard Guidelines for Recording of Therapy Report (facilities where persons with mental illness are provided with therapy for any mental health problem)**
Minimum Basic Standard Guide lines for Recording of Therapy

(Name of the Institute/Hospital/Centre with address)

Clinic record no._____

THERAPIST SESSION NOTES

Patient name: **Age:** **Gender:**
Psychiatric diagnosis:

Session number and date:	**Duration of session:**	**Session Participants:**	
Therapy method: Individual Couple/Family	**Objectives of the session:** **1.** **2.**		
Group Other_____	**3.** **4.**		

Key issues/themes discussed: (Psychosocial stressors/Interpersonal problems/Intrapsychic conflicts/Crisis situations/Conduct difficulties/ Behavioral difficulties/Emotional difficulties/Developmental difficulties/Adjustment issues/Addictive behaviours/Others).

Therapy techniques used:

Therapist observations and reflections:

Plan for next session: **Date for next session:**

Therapist **Supervised by (if applicable)**

Name: Name:

Date: Date:

Qualification: Qualification:

Signature: Signature:

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Form - C
REQUEST FOR INDEPENDENT ADMISSION
[*See* rule 8]

To,

The Medical Officer in-charge
_____
_____

Sir/Madam,

I, Mr./Mrs._____,_____age_____ son/daughter of_____, residing at_____I have mental illness with following symptoms since_____

1._____

2._____

3._____

The following papers related to my illness as available with me are enclosed:

1._____

2._____

3._____

I wish to be admitted in your establishment for treatment and request you to please admit me as an independent patient. A self-attested copy of my Identity proof is enclosed (optional).

Address Signature

Date Name

Enclosures:

_____
_____
_____
_____

N.B.:-Please strike off those which are not required.

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Form-D

REQUEST FOR ADMISSION OF A MINOR

[*See* rule 8]

To,

The Medical Officer in-charge

_____
_____

Sir/Madam,

I, Mr./Mrs._____residing_____
_____, who is the nominated representative (being legal guardian) of Master / Miss _____, request you to admit Master/Miss_____aged son/daughter of__, for treatment of mental illness:

He/she is having the following symptoms since_____

1._____

2._____

3._____

The following papers related to my being the nominated representative and his/her illness are enclosed:

1._____

2._____

3._____

4._____

Kindly admit him/her in your establishment as minor patient. Address:

Mobile:

E-mail: Signature

Date: Name

N.B.:- Please strike off those which are not required.

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Form-E

REQUEST FOR ADMISSION WITH HIGH SUPPORT NEEDS

[*See* rule 8]

To,

The Medical Officer in-charge

_____

_____

Sir/Madam,

I, Mr./Mrs._____Residing at_____, nominated representative of Mr. /Mrs._____aged, _____son/daughter of_____ request for his/her admission in your establishment for treatment of mental illness.

Mr./Mrs. Is having the following symptoms since__.

1._____

2._____

3._____

The following papers regarding my appointment as nominated representative and related to his/her illness are enclosed:

1._____

2._____

3._____

Kindly admit him/her in your establishment as patient with high support needs.

Name

Address

Mobile and E-mail Signature

Date

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Form-F

REQUEST FOR CONTINUOUS ADMISSION WITH HIGH SUPPORT NEEDS

[*See* rule 8]

To,

The Medical Officer in-charge

_____

_____

Sir/ Madam,

I, Mr./Mrs._____, residing at_____,_____nominated representative of Mr./Mrs.___, who is/was an inpatient in your establishment under supported admission category, requests for his/her continued admission beyond thirty days/readmission within seven days of discharge for the reasons stated below:

Kindly continue his/her admission/readmit him/her in your establishment as patient with high support needs

Address

Signature

Date

Name

N.B.:- Please strike off those which are not required.

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Form-G

REQUEST FOR DISCHARGE BY INDEPENDENT PATIENT

[*See* rule 8]

To,

The Medical Officer in-charge

_____
_____

Sir/Madam,

Subject:- Request for discharge.

I, Mr./Mrs. _____residing at_____, aged _____son/daughter of___, was admitted in your mental health establishment as an Independent admission patient on_____. I now feel better and wish to be discharged. Kindly arrange to discharge me immediately.

Address: Signature

Mobile: Name

E-mail: Date

N.B.:- Please strike off those which are not required.

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Form-H

REQUEST FOR DISCHARGE OF A MINOR BY ITS NOMINATED REPRESENTATIVE

[*See* rule 8]

To,

The Medical Officer in-charge

_____

_____

Sir/Madam,

Subject:- Request for discharge

I am the nominated representative of Mr./ Ms. , residing at_____, aged, son/daughter of , who was admitted in your mental health establishment as a minor patient on. Mr./Ms. now feels better and wishes to be discharged. Kindly arrange to discharge him/her immediately.

Address	Signature
Mobile	Name
E-mail	Date

N.B.:- Please strike off those which are not required.

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Form-I

REQUEST FOR LEAVE OF ABSENCE

(By Nominated Representative)

[*See* rule 9]

To

The Medical Officer in-charge

_____

Subject: Request for leave of absence

Mr./Ms._____residing at_____aged_____years was admitted on_____ to your mental health establishment.

I, as nominated representative of Mr./Ms.___Request that he/she be granted leave of absence from__to___,for the reason stated below:

The proof of my appointment as nominated representative is enclosed.

I will be responsible for care and treatment of_____while he/she is on leave of absence from the mental health establishment.

Address	Signature
Mobile	Name
E-mail	Date

N.B.:-Please strike off those which are not required.

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Form-J

INTIMATION TO POLICE ABOUT UNAUTHORIZED ABSENCE FROM MENTAL HEALTH ESTABLISHMENT

[*See* rule 9]

URGENT/FOR IMMEDIATE ACTION

To,

The Station in-charge

_____Police Station

_____

Sir/Madam,

Subject:- Intimation about unauthorized absence (without leave or discharge) of prisoner with mental illness

This is to inform you that Mr./Mrs._____Aged years, son/daughter of Mr./Mrs._____, with identification marks

1._____

2._____

was admitted at our establishment, as a prisoner with mental illness under Section103 of Mental Health Care Act,2017 (10 of 2017), on (date). He/she has been missing from his/her ward since_____(date). An internal enquiry report in this regard is enclosed.

Kindly register a missing case, take him in to your protection when found and hand him over to us.

Thanking you,

Signature

Date Name

Seal

Enclosures: copy of the Aadhar Card, Recent Photograph and Internal Report

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Schedule (*See* rule 11)

Minimum standards and procedures for mental healthcare services in prisons

Minimum Standard for Mental Health Care in Prison

1. Prompt and proper identification of persons with mental health problems should be done.
2. Screening of all inmates during the time of entry to prison including the following:
    a. Mandatory physical and mental status examination
    b. Questionnaire screening for substance use
    c. Urine testing for common drugs of abuse
    d. Periodic random urine drug testing
3. Identification of persons with serious mental illness and proper treatment and follow-up for this group.
4. Ensuring the availability of minimum psychiatric medication in the prison to facilitate prompt treatment (anti psychotic medication, antidepressant medication, anxiolytic medication, mood stabilizers, anticonvulsant medication, etc).
5. Availability of psycho-social interventions for prisoners with a range of mental health problems.
6. Protocols for dealing with prisoners with suicidal risk, with behavioural problems and crises related to mental illnesses as well as to prison life.
7. Suitable rehabilitation services for prisoners with mental illness. Specific attention to the after care needs of prisoners with mental illness including providing medication after release, education of family members, steps to ensure treatment compliance and follow-up, vocational arrangements, and for those without families, arrangements for shelter.
8. Implementing of National Mental Health Program inside the central prisons
9. Dealing with the psychological stress of prison life
    a. Counselling for stress needs to be provided to all prisoners in both individual and group settings.
    b. Prisoners must be encouraged to proactively seek help for any emotional problems, substance use problems or physical health problems.
    c. Training the prison staff in simple counselling skills. Empowering some of the sensitive, motivated convicted prisoners to be effective peer counsellors.
    d. One to one counselling upon entry, during periods of crises and upon need or request.

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10. Addressing substance use problems
    a. Identification of substance use problems through questionnaires, behavioural observation and urine drug screening.
    b. Detoxification services and making suitable pharmacotherapy available for detoxification.
    c. For persons with dependence, making available long-term medication as well as motivational and relapse prevention counselling.
    d. Specific interventions to be made available include the following:
        i. Tobacco cessation services (behavioural counselling, nicotine replacement therapy, other long-term tobacco cessation pharmacotherapy.
        ii. Alcohol–benzodiazepines for detoxification, vitamin supplementation for associated nutritional problems, counselling and long-term medication.
        iii. For Opiates–buprenorphine or clonidine detoxification, long-term medication including opioid substitution (methadone/buprenorphine; opioid antagonists like naltrexone).
        iv. All drug users need to be evaluated for injecting use, for HIV/STI (including Hepatitis B and C screening) and appropriately treated.
        v. There is a need for urgent human resource enhancement.

11. Professional Human Resources in the Prison. [All central prisons must ensure the presence of at least]:
        i. 1 doctor for every 500 patients. In addition, every prison must have one each of the following specialists providing care – physician, psychiatrist, dermatologist, gynecologist and surgeon.
        ii. 2 nurses for every 500 prisoners
        iii. 4 counsellors for every 500 prisoners. These trained counsellors (with a degree in any social sciences/any recognized degree with counselling experience (medical counselling/legal counselling/psychosocial counselling/rehabilitation/education) can carry out the following tasks
            a. Assessment
            b. Counselling
            c. Crisis intervention (family crisis, bail rejection, verdict pronouncement, interpersonal difficulties, life events, serious physical or psychiatric illness)
            d. Legal counselling, pre-discharge counselling
            e. Rehabilitation counselling
            f. Substance use counselling
            g. Training prison staff and peer counsellors

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12. Inpatient services
    a. At least a 20-bedded psychiatric facility for every 500 prisoners
13. Prison after care services
    a. All prisoners should have pre-discharge counselling on coping strategies, healthy life style practices and support systems they can access
    b. For persons with mental illness they shall be referred to any mental health establishment for after care in community
14. Documentation
    a. Computerised data base and tracking system for all prisoners
    b. Surveillance of health conditions on a regular basis with adequate emphasis on confidentiality and proper information regarding these procedures to the prisoners
    c. Health records for prisoners with basic health information, pre-existing health problems, health problems that develop during imprisonment, details of evaluation and treatment, hospitalization details, health status and advice at release
    d. This information must be given to the prisoner to facilitate continuing health care after release.

15. All state prisons shall have dedicated tele-medicine services to provide health care

16. The following medicines shall be made available:

Risperidone, Olanzapine, Clozapine, Haloperidol, Chlorpromazine, Trihexyphenidyl, Imipramine, Amitriptyline, Fluoxetine, Sertraline, Paroxetine, Valproate, Carbamazepine, Lithium, Clonidine, Atomoxetine, Lorazepam, Diazepam, Oxazepam Disulfiram, Naltrexone, Acamprosate, Nicotine Gums, Varenicline, Inj Fluphenazine Inj Haloperidol, Inj Fluphenthixol, Inj Lorezpam, Inj Diazepam, Inj Promethazine, Inj Thiamine/Multivitamin

By order of the Administrator, Union Territory, Chandigarh

Dated, Chandigarh
The 20.07.2026

MANDIP SINGH BRAR, IAS
Secretary MER
Chandigarh Administration.

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CHANDIGARH ADMINISTRATION
DEPARTMENT OF MEDICAL EDUCATION AND RESEARCH

Notification

The 4th August 2026

No. 2026/34059.—In exercise of the powers conferred by the proviso to article 309 of the Constitution of India read with the Government of India, Ministry of Home Affairs, Notification S.O. No. 3267, dated 1st November, 1966, the Administrator, Union Territory, Chandigarh is pleased to make the following rules, regulating the method of recruitment to the post of **Librarian (Non Ministerial) (Group-'B')** in the Government Medical College and Hospital, Chandigarh, namely :-

1. Short title and commencement: - (i) These rules may be called the Government Medical College and Hospital, Chandigarh (Group-B) Recruitment Rules, 2026.

(ii) They shall come into force on the date of their publication in the Official Gazette.

2. Application:

These rules shall apply to the posts specified in column No.1 of the Schedule annexed to these rules.

3. Number of posts, classification and scale of pay:-

The number of posts, their classification and the scales of pay shall be as specified in columns 2 to 4 of the said Schedule.

4. Method of recruitment, age limit and qualification, etc:-

The method of recruitment to the said posts, age limit, qualifications and other matters connected therewith shall be as specified in columns 5 to 13 of the said Schedule.

5. Disqualification: No person:

(a) who has entered into or contracted a marriage with a person having a spouse living; OR

(b) who, having a spouse living, has entered into or contracted a marriage, with any person, shall be eligible for the appointment to the said posts:

Provided that the Administrator, Union Territory of Chandigarh may, if satisfied that such marriage is permissible under the personal Law applicable to such person and other party to the marriage and there are other grounds for so doing, exempt, any person from the operation of this rule.

6. Power to relax:-

Where the Administrator, Union Territory, Chandigarh is of the opinion that it is necessary or expedient so to do, he may, by order, for reasons to be recorded in writing and in consultation with the Union Public Service Commission, relax any of the provisions of these rules in respect of any class or category of persons.

7. Savings:-

Nothing in these rules shall affect reservations, relaxation of age limit and other concessions required to be provided for Scheduled Castes, Scheduled Tribes, Other Backward Classes, Ex-Servicemen and other special categories of persons in accordance with the orders issued by Central Government from time to time in this regard.

Secretary MER
Chandigarh Administration

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1	Name of post	**Librarian**
2	No. of Post	1 (2026) *Subject to variation dependent on workload
3	Classification	General Central Service Non Ministerial, Gazetted Group B
4	Pay Band and Grade Pay/Pay Scale	Level 9 (Rs. 53100-167800) in pay matrix of 7th CPC
5	Whether selection post or non-selection post	Selection post
6	Age limit for direct recruits	Not Applicable
7	Educational and other qualifications required for Direct recruits	Not Applicable
8	Whether age and Educational Qualifications prescribed for Direct Recruitment will apply in case of promotions (Yes/ No/ Not Applicable)	Not Applicable
9	Period of probation, if any	Not Applicable
10	Method of Recruitment whether by Direct Recruitment or by promotion or by deputation/absorption and percentage of vacancies to be filled by various methods	100% By Promotion failing which Deputation.
11	In case of recruitment by promotion/deputation / absorption grades from which promotion / deputation / absorption to be made	**Promotion:** The departmental Assistant Librarian in pay level-6 with 08 years regular service in grade and having successfully completed at least 02 weeks training i.e., ICT Course/ Training Chandigarh Administration or as prescribed by vide instructions dated 10.12.2025. **Note 1:** Where juniors who have completed their qualifying/eligibility are being considered for promotion, their seniors would also be considered provided they are not short of the requisite qualifying / eligibility service by more than half of such qualifying/eligibility service completed or two years, whichever is less, and have successfully completed probation period for promotion to the next higher grade along with their juniors who have completed such qualifying/ eligibility service. **By Deputation:-** Officers of Central Government or State Government Or Union Territories :- (a) (i)holding analogous post on regular basis in the parent cadre/ department; Or (ii)With two years service in the grade rendered after appointment thereto on a regular basis in pay level-8 or equivalent, the parent cadre or department; or (iii)With three years service in the grade rendered after appointment thereto on a regular basis in pay level-7 or equivalent, the parent cadre or department; or

		(iv) With eight years service in the grade rendered after appointment thereto on a regular basis in pay level-6 or equivalent, the parent cadre or department; or (b)(ii) Possessing the following educational qualifications :- (a) Master Degree in Library Science/Library and Information Science from a recognized Institution/University; AND (b)Diploma in Computer Application from a recognized Institution/University; and (c) 08 years experience as Assistant Librarian in Level-6 of Pay Matrix of 7th CPC in a library under recognized College or Institution or University of Govt. of India or State Govt. or UTs. **Standard Note:** Note 1: The departmental officers in the feeder category who are in the direct line of promotion shall not be eligible for consideration for appointment on deputation. Similarly, the deputationists shall not be eligible for consideration by appointment by promotion. **Note:- 2** The period of deputation including the period of deputation in another ex-cadre post held immediately preceding this appointment in the same or some other organization/ department of the Government of India shall ordinarily not exceed three years. The maximum age limit for appointment by deputation shall not be exceeding 56 years as on the closing date of receipt of applications.
12	If a Departmental Promotion Committee exists, what is its composition?	**Departmental Promotion Committee** 1. Secretary, MER, Chandigarh Administration -**Chairman** 2. Special/ Additional/Joint Secretary (Personnel)- **Member** 3. Director Principal, GMCH, Chandigarh -**Member** 4. Director Social Welfare or their representative -**Member** 5. Regional Employment Officer or their representative - **Member**
13	Circumstances in which Union Public Service Commission to be consulted in making Recruitment	Consultation with UPSC is not necessary

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